

05143

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH- COUNTY		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE		COUNTY	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN		STREET ADDRESS (If rural, give location)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS							
3. NAME OF DECEASED (Type or Print)		(First)		(Middle)		(Last)	
4. DATE OF DEATH		(Month)		(Day)		(Year)	
5. SEX		6. COLOR OR RACE		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)		8. DATE OF BIRTH	
9. AGE last birthday		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		15. WAS DECREASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	
16. SOCIAL SECURITY No.		17. INFORMANT AND ADDRESS		18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		(a) Immediate cause		(b) Antecedent cause(s)		(c) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.		19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>		HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at.....m., from the causes and on the date stated above.		SIGNATURE		ADDRESS		DATE SIGNED	
23. BURIAL, CREMATION REMOVAL (Specify)		DATE		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS	

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

910126

RECEIVED
JUN 4 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05144

Reg. Dist. No.

1. PLACE OF DEATH COUNTY <u>St Mary's</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>St Mary's</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>East Hall</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>East Hall</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) <u>George</u>	(Middle) <u>Brian</u>	(Last) <u>Brian</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Colored</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Aug 2-1859</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer for self</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	9. AGE last birthday <u>91</u> yrs.
13. FATHER'S NAME <u>John</u>		11. BIRTHPLACE (State or foreign country) <u>Maryland St Mary's</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		14. MOTHER'S MAIDEN NAME <u>Catherine Leary</u>	
16. SOCIAL SECURITY NO.		17. INFORMANT AND ADDRESS <u>Helen Jackson</u>	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

Heart failure

INTERVAL BETWEEN ONSET AND DEATH

1 mo.

Antecedent cause(s)

(b)

Multiple Arterial emboli

1 mo.

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

Generalized Atherosclerosis

10 years

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Sept 1, 1950, to May 5, 1951, that I last saw the deceased

alive on April 30, 1951, and that death occurred at 5:00 P. m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
<u>Burial</u>	<u>May 9-1951</u>	<u>St. Mary's Cemetery</u>	<u>Hermannville St Mary's</u>	<u>MD</u>
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
<u>5/8/51</u>	<u>C. C. Williams</u>	<u>J. C. Williams</u>	<u>100105 Leonardtown Md</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 14 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

05145

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH- COUNTY <u>St. Mary's</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Georgia</u> COUNTY	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Patuxent River,</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Columbus</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Infirmery, U.S. Naval Air Station</u>		STREET ADDRESS (If rural, give location) <u>212 Chapel St.</u> ✓	
3. NAME OF DECEASED (Type or Print) <u>Baby David Boy Ray CAMERON</u>		4. DATE OF DEATH (Month) <u>May</u> (Day) <u>22</u> (Year) <u>19 51</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Caucasian</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH <u>5-22-51</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday If under 1 year Months Days If under 24 hrs. Hours Mins. <u>1</u> <u>9</u>
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Wiley Bogart CAMERON</u>		14. MOTHER'S MAIDEN NAME <u>Marion E. PARRISH</u>	
15. WAS DECREASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY No. <u>U.S. Navy Records</u>	
17. INFORMANT AND ADDRESS			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

762.5 Immediate cause (a) ATELECTASIS
 Antecedent cause(s) (b) PREMATURITY (22 weeks gestation)
 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)
 159

1hr. 9min

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>		HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 2:46PM 5-22-51, 1951, to 3:55PM 5-22-51, 1951, that I last saw the deceased alive on 22 May, 1951, and that death occurred at 3:55 P.m., from the causes and on the date stated above.
 SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) <u>Removal</u>		DATE THEREOF <u>5-23-51</u>	NAME OF CEMETERY OR CREMATORY <u>Arlington National</u>	LOCATION (City, town, or county) <u>Arlington, Va.</u>	(State) <u>VA.</u>
DATE REC'D BY LOCAL REG. <u>5/23/51</u>		REGISTRAR'S SIGNATURE <u>Canahio</u>		24. FUNERAL DIRECTOR <u>J. B. Robinson - Leonardtown</u>	

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MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 28 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05146

CERTIFICATE OF DEATH

Reg. Dist. No. 281

1. PLACE OF DEATH COUNTY <u>St. Mary's</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Bridge (Rural)</u> TOWN <u>Bridge (Rural)</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS <u></u>		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>St. Mary's</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Bridge (Rural)</u> TOWN <u>Bridge (Rural)</u> STREET ADDRESS <u></u> (If rural, give location)	
3. NAME OF DECEASED (Type or Print) <u>Brent</u> (First) <u></u> (Middle) <u>Carroll</u> (Last)		4. DATE OF DEATH (Month) <u>5</u> (Day) <u>8</u> (Year) <u>1951</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>colored</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>single</u>	8. DATE OF BIRTH <u>1874</u>
9. AGE last birthday <u>76</u> yrs.		10. BIRTHPLACE (State or foreign country) <u>Maryland</u>	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>Alexander Carroll</u>		14. MOTHER'S MAIDEN NAME <u>Jane Ford</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u></u> (If yes, give war or dates of service)		16. SOCIAL SECURITY No. <u></u>	
17. INFORMANT AND ADDRESS <u>Hensietta Bacon, - Phil. Pa.</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) General arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

10 yrs.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Jan. 15, 1951, to May 8, 1951, that I last saw the deceased alive on May 6, 1951, and that death occurred at 9:30 P.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL/ CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
<u>Burial</u>	<u>3-12-51</u>	<u>St. Peter's Cemetery</u>	<u>Bridge, Maryland</u>	<u></u>
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
<u>5-9-51</u>	<u>P. J. Beany, M.D.</u>	<u>F. B. Robinson</u>	<u>Leonardtown</u>	

820105 Md.

MARGIN RESERVED FOR BINDING

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VS. A15

RECEIVED
MAY 11 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 286

05147

1. PLACE OF DEATH- COUNTY <u>St Marys</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>St Marys</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Colton Point</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Colton Point</u>	
TOWN <u>Colton Point</u>		TOWN <u>Colton Point</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Colton Point</u>		STREET ADDRESS (If rural give location) <u>Colton Point</u>	
3. NAME OF DECEASED (First) <u>Robert</u>	(Middle) <u>F.</u>	(Last) <u>Yass</u>	4. DATE OF DEATH (Month) <u>May</u> (Day) <u>20</u> (Year) <u>1957</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 5, 1880</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Waterman repair & crabs</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Yass</u>	9. AGE last birthday <u>70</u> yrs. <u>11</u> mos. <u>16</u> days	11. BIRTHPLACE (State or foreign country) <u>Maryland St Marys</u>
13. FATHER'S NAME <u>Frederick</u>	14. MOTHER'S MAIDEN NAME <u>Mary Jane Norris</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT <u>Mrs Robert F. Yass</u>	

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <u>Cerebral thrombosis</u>			<u>2 mos</u>
Antecedent cause(s) (b) <u>332X</u>			
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>83b</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. ACCIDENT (Specify) <u>SUICIDE</u>	PLACE (Home, farm, factory, street, office bldg., etc.) <u>INJURY</u>	(CITY OR TOWN) <u>Colton Point</u>	(COUNTY) <u>St Marys</u> (STATE) <u>Md</u>
TIME (Month) (Day) (Year) (Hour) <u>OF INJURY</u>	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?	

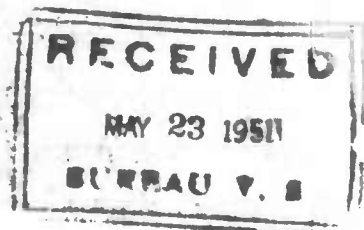
22. I hereby certify that I attended the deceased from April 15, 1957, to May 20, 1957, that I last saw the deceased alive on May 14, 1957, and that death occurred at 4:22 A.M., from the causes and on the date stated above.

SIGNATURE Ray L. Humphreys, MD ADDRESS Mechanicsville DATE SIGNED 5/21/57

23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE <u>May 22, 1957</u>	NAME OF CEMETERY OR CREMATORY <u>Sacred Heart</u>	LOCATION (City, town, or county) <u>Bushwood St Marys Md</u>
DATE REC'D BY LOCAL REG. <u>5/21/57</u>	REGISTRAR'S SIGNATURE <u>Robert F. Yass</u>	24. FUNERAL DIRECTOR <u>Joe C. McAllister</u>	ADDRESS <u>910126 Leonardtown Md</u>

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05148

CERTIFICATE OF DEATH

Reg. Dist. No. 281

1. PLACE OF DEATH- COUNTY <u>St. Mary's</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>St. Mary's</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Rural - Patuxent River</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Patuxent River, Maryland</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location) <u>Naval Air Station</u>	
3. NAME OF DECEASED (Type or Print)	(First) <u>William</u> (Middle) <u>(n)</u> (Last) <u>JANESHEK</u>	4. DATE OF DEATH (Month) <u>May</u> (Day) <u>9</u> (Year) <u>1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Cauc</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Single</u>	8. DATE OF BIRTH <u>3-23-15</u>
9. AGE last birthday <u>36</u> yrs.		10. If under 1 year: Months <u>1</u> Days <u>15</u> Hours <u>15</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Pilot</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>U.S. NAVY</u>	
11. BIRTHPLACE (State or foreign country) <u>Wisconsin</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> (If yes, give war or dates of service) <u>1939-51</u>		16. SOCIAL SECURITY NO.	
17. INFORMANT AND ADDRESS <u>U.S. Navy Records</u>			

13. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause

(a) Injuries, Multiple, Extreme

Immediate

Antecedent cause(s)

(b) Burn, Third degree

Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE	(Specify) <u>Accident</u>	PLACE (Home, farm, factory, street, OF office bldg., etc.) <u>INJURY</u>	(CITY OR TOWN) <u>1/2 mile west of NAS Patuxent River,</u>	(COUNTY) <u>St. Mary's,</u>	(STATE) <u>Md</u>
TIME (Month) (Day) (Year) (Hour) OF INJURY <u>May 9 1951 9:24AM</u>	INJURY OCCURRED While at <input checked="" type="checkbox"/> Work Not While <input type="checkbox"/> At work		HOW DID INJURY OCCUR? <u>Aircraft accident</u>		

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased

alive on....., 19....., and that death occurred at 9:24 A.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

10 May 1951Thenton D. BOAZCAPT (MC) USNNaval Air Station Patuxent River, Md.

23. BURIAL, CREMATION REMOVAL (Specify) <u>Interment</u>	DATE THEREOF <u>5/14/51</u>	NAME OF CEMETERY OR CREMATORY <u>Rest Washington, Wisconsin</u>	LOCATION (City, town, or county) <u>Patuxent River, Md</u>	(State) <u>Md</u>
DATE REC'D BY LOCAL REG. <u>5-14-51</u>	REGISTRAR'S SIGNATURE <u>P. B. Johnson</u>	24. FUNERAL DIRECTOR <u>P. B. Johnson - Patuxent River, Md</u>		

673916

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05149

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY <u>St Marys</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <u>Maryland</u> COUNTY <u>St Marys</u>	
CITY (If outside corporate limits, write or give nearest town) TOWN <u>Loueville</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Loueville Rural</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural give location)	
3. NAME OF DECEASED (Type or Print) (First) <u>Edgar</u> (Middle) <u>Sherman</u> (Last) <u>Jones</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 26 1951</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>Oct 8 1870</u>
9. AGE last birthday <u>80</u> yrs. <u>7</u> mos. <u>19</u> days		10. BIRTHPLACE (State or foreign country) <u>Maryland St Marys</u>	
11. BIRTHPLACE (State or foreign country) <u>Maryland St Marys</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>William Jones</u>		14. MOTHER'S MAIDEN NAME <u>Mary Latham</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY No. <u>None</u>	
17. INFORMANT <u>Joseph Jones</u>			

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
Immediate cause (a) <u>331X</u> <u>Internal Cerebral Hemorrhage</u>					
Antecedent cause(s) (b) <u>83a</u> <u>Hypertension</u>					
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>None</u>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>		HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from May 23 1951, to May 26 1951, that I last saw the deceased alive on May 25 1951, and that death occurred at 2:45 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) H. F. Greenwell M.D. ADDRESS Leonardtown Ind. DATE SIGNED May 27 1951

23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE <u>May 28 1951</u>	NAME OF CEMETERY OR CREMATORY <u>St Joseph</u>	LOCATION (City, town, or county) <u>Maryland St Marys</u>	(State) <u>Ind.</u>
DATE REC'D BY LOCAL REG. <u>5/27/51</u>	REGISTRAR'S SIGNATURE <u>Chenauer</u>	24. FUNERAL DIRECTOR <u>Joe C. Mattingley</u> ADDRESS <u>100105 Leonardtown Ind</u>		

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 31 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05150

Reg. Dist. No.

1. PLACE OF DEATH- COUNTY <u>St Marys</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Mechanicville Rural</u> TOWN <u>Mechanicville</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS		MARYLAND LENGTH OF STAY (in this place) <u>5 yrs</u>		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>St Marys</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Rural</u> TOWN <u>Mechanicville</u> STREET ADDRESS (If rural, give location) <u>Mechanicville</u>	
3. NAME OF DECEASED (Type or Print) (First) <u>Rosa</u> (Middle) <u>Lena</u> (Last) <u>Jordan</u>		4. DATE OF DEATH (Month) <u>May</u> (Day) <u>18</u> (Year) <u>1951</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Colored</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 9-1889</u>	9. AGE last birthday <u>62</u> yrs. <u>0</u> Months <u>2</u> Days <u>8</u> Hours <u>0</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife for family</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (State or foreign country) <u>Maryland St Marys</u>	
12. FATHER'S NAME <u>Jacob Forbes</u>		13. MOTHER'S MAIDEN NAME <u>Rosa Mason Forbes</u>		14. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT AND ADDRESS <u>Lawrence F. Jordan</u>	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

Cerebro-vascular accident

INTERVAL BETWEEN ONSET AND DEATH

1 hr

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

Hypertensive cardio-vascular disease

8 yrs

(c)

11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE

(Specify) NO

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1950, to May 18, 1951, that I last saw the deceased

alive on May 17, 1951, and that death occurred at 2:30 a.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL CREMATION REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG. 5/19/51

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05151

CERTIFICATE OF DEATH

Reg. Dist. No. 284

1. PLACE OF DEATH- COUNTY <u>St Marys</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>md</u> COUNTY <u>St Marys</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Charlotte Hall</u> OR TOWN <u>Charlotte Hall</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Charlotte Hall</u> OR TOWN <u>Charlotte Hall</u> STREET ADDRESS (If rural give location)	
3. NAME OF DECEASED (Type or Print) <u>Mary Frances Key</u>	(First) (Middle) (Last)	4. DATE OF DEATH <u>May 19 1957</u> (Month) (Day) (Year)	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Col.</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct 11 - 1880</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>House work</u>	9. AGE last birthday <u>79</u> yrs.	11. BIRTHPLACE (State or foreign country) <u>Maryland</u>
13. FATHER'S NAME <u>William Curtis</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		14. MOTHER'S MAIDEN NAME <u>Burgess</u>	
16. SOCIAL SECURITY No. <u>✓</u>		17. INFORMANT <u>Sarah Key</u>	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause

(a) Heart Exhaustion. Mitral regurgitation & aneur.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Diabetes

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

operation - bath - 6 yrs. accepted

19a. DATE OF OPERATION <u>1944</u>	19b. MAJOR FINDINGS OF OPERATION <u>Legs amputated</u>	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug, 1944 to May, 1957, that I last saw the deceasedalive on May 12, 1957, and that death occurred at 7:30 a.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

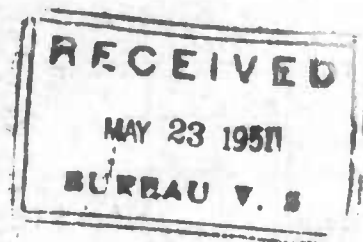
ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>5/22/57</u>	NAME OF CEMETERY OR CREMATORY <u>St. Joseph Cem.</u>	LOCATION (City, town, or county) <u>Maryland</u>	(State) <u>md</u>
DATE REC'D BY LOCAL REG. <u>5/21/57</u>	REGISTRAR'S SIGNATURE <u>Chas. E. ...</u>	24. FUNERAL DIRECTOR <u>P.B. Robinson</u>	ADDRESS <u>Leonardtown</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



RECEIVED

MAY 23 1957

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH- COUNTY <u>St. Mary's</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>California</u> COUNTY	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>U.S. Naval Air Station</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Sepulveda</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Infirmary Patuxent River, Maryland</u>		STREET ADDRESS (If rural, give location) <u>8440 Columbus Ave.</u>	
3. NAME OF DECEASED (Type or Print)	(First) <u>Linda</u> (Middle) <u>Marie</u> (Last) <u>OLSON</u>	4. DATE OF DEATH Month <u>May</u> Day <u>2</u> Year <u>1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Caucasian</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH <u>4-21-51</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday yrs. <u>11</u> Months <u>11</u> Days <u>11</u> Hours <u>11</u> Min.
11. BIRTHPLACE (State or foreign country) <u>Infirmary Patuxent River, Md.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>CHRELEC Alvin Bertle OLSON USN</u>		14. MOTHER'S MAIDEN NAME <u>Vivian Gustafson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY No. <u>Navy records</u>	
17. INFORMANT AND ADDRESS <u>Navy records</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause

(a) IMMATURITY DUE TO PREMATUREITY11 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

Unknown

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT (Specify) SUICIDE HOMICIDE	PLACE (Home, farm, factory, street, OF office hldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 21 April, 1951, to 2 May, 1951, that I last saw the deceasedalive on 2 May, 1951, and that death occurred at 0740 A.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

M. J. SULLIVAN, LCDR MC USN U.S. NAVAL AIR STATION, Patuxent River, Maryland 5-2-51

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)

Burial 5-4-51 Arlington National Arlington, Virginia

DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS

5-2-51 Camalier Robert Johnson - Leonard

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully, especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

965031990990

RECEIVED

MAY 4 1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05153

Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH- COUNTY <u>St. Mary's</u> CITY (If outside corporate limits, write RURAL and OR TOWN <u>U.S. Naval Air Station</u>) HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Infirmary, Patuxent River.</u>		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>St. Mary's</u> CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Lexington Park Trailer Camp</u> STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) (First) <u>Cleo</u> (Middle) <u>Aldridge</u> (Last) <u>PHILLIPS</u>		4. DATE OF DEATH (Month) <u>May</u> (Day) <u>9</u> (Year) <u>1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Caucasian</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>2-23-24</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Aviation Machinist's Mate</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>U.S. Navy</u>	9. AGE last birthday <u>27</u> yrs. <u>2</u> Months <u>16</u> Days <u>16</u> Hours <u>16</u> Min.
11. BIRTHPLACE (State or foreign country) <u>North Carolina</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>1943-1951</u>		16. SOCIAL SECURITY No.	
17. INFORMANT AND ADDRESS <u>U.S. Navy Records</u>		18. MEDICAL CERTIFICATION	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
(a) <u>Immediate cause</u> <u>INJURIES, MULTIPLE, EXTREME</u>			<u>12hrs. 44min.</u>
(b) <u>Antecedent cause(s)</u> <u>BURNS, SECOND AND THIRD DEGREE</u>			
(c) <u>Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last</u>			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21. ACCIDENT (Specify) <u>SUICIDE Accident</u>		PLACE (Home, farm, factory, street, OF office bldg., etc.) <u>INJURY</u>	
TIME (Month) (Day) (Year) (Hour) <u>May 9 1951 9:24AM</u>		HOW DID INJURY OCCUR? <u>Aircraft Crash</u>	
INJURY OCCURRED <u>While at Work</u> <input checked="" type="checkbox"/> <u>Not While At work</u> <input type="checkbox"/>			
22. I hereby certify that I attended the deceased from <u>0955AM</u> , 19 <u>51</u> , to <u>10:08PM</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>9 May</u> , 19 <u>51</u> , and that death occurred at <u>10:08 P.m.</u> , from the causes and on the date stated above.			
SIGNATURE <u>Thernton D. Boaz</u>		ADDRESS <u>US Naval Air Station, Patuxent River, Md.</u>	
DATE SIGNED <u>5-10-51</u>			
23. BURIAL, CREMATION, REMOVAL (Specify) <u>Transportation</u>		DATE THEREOF <u>5-11-51</u>	
NAME OF CEMETERY OR CREMATORY <u>New Beam, North Carolina</u>		LOCATION (City, town, or county) (State) <u>New Beam, North Carolina</u>	
DATE REC'D BY LOCAL REG. <u>5/11/51</u>		24. FUNERAL DIRECTOR <u>G.B. Robinson - Leonardtown Md.</u>	

RECEIVED
MAY 14 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05154

Reg. Dist. No.....

1. PLACE OF DEATH COUNTY <u>St Marys</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>St Marys</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Hermansville</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Hermansville P.O. Rural</u>	
TOWN <u>3 mi</u>		TOWN	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) <u>George</u> (First) <u>Haver</u> (Middle) <u>Price</u> (Last)		4. DATE OF DEATH (Month) <u>May</u> (Day) <u>28</u> (Year) <u>1951</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>Col</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH <u>Feb 14, 51</u>
9. AGE last birthday <u>3</u> yrs. <u>13</u> Months <u>13</u> Days <u>13</u> Hours <u>13</u> Min.		10. KIND OF BUSINESS OR INDUSTRY	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>Hermansville</u>		12. CITIZEN OF, What Country? <u>St Marys</u>	
13. FATHER'S NAME <u>George Francis Price</u>		14. MOTHER'S MAIDEN NAME <u>Mary Agnes Kelly</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY No. <u>1</u>	
17. INFORMANT <u>George Price</u>			

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)..... <u>Pneumonia (Bronchop)</u>			
491X Antecedent cause(s) (b).....			
107 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c).....			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>			
21. ACCIDENT (Specify)		PLACE (Home, farm, factory, street, office bldg., etc.)	
SUICIDE		INJURY	
HOMICIDE		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	
		HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from May 27, 1951, to May 28, 1951, that I last saw the deceased alive on May 27, 1951, and that death occurred at 2:30 a.m., from the causes and on the date stated above.

SIGNATURE Francis F. Leonardtown (Degree or title) ADDRESS Leonardtown Md 5-28-51 DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE <u>May 28, 1951</u>	NAME OF CEMETERY OR CREMATORY <u>St. Alphonsus</u>	LOCATION (City, town, or county) <u>Leonardtown Md</u>
DATE REC'D BY LOCAL REG. <u>5/28/51</u>	REGISTRAR'S SIGNATURE <u>Cavalieri</u>	24. FUNERAL DIRECTOR <u>Joe C. Martindale</u>	ADDRESS <u>Leonardtown Md</u>

402091299408

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 31 1951
BUREAU V. 8

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05155

Reg. Dist. No. 207

1. PLACE OF DEATH- COUNTY <u>ST. Marys</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>ST. Marys</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>RIDGE</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>RIDGE</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (First) <u>ESTELLE</u> (Middle) <u>-</u> (Last) <u>Roach</u>		4. DATE OF DEATH (Month) <u>5</u> (Day) <u>28</u> (Year) <u>1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>11-2-1866</u>
9. AGE last birthday <u>84</u> yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
13. FATHER'S NAME <u>William R. Clark</u>		14. MOTHER'S MAIDEN NAME <u>Nellie Milburn</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY No. <u>-</u>	
17. INFORMANT AND ADDRESS <u>James Roach - Ridge, Md.</u>			

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause (a) <u>Cerebral apoplexy</u>		<u>3 day.</u>
Antecedent cause(s) (b) <u>Generalized arterio-sclerosis</u>		<u>10 yrs.</u>
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>none</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>none</u>
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
21. ACCIDENT (Specify) <u>none</u>	PLACE (Home, farm, factory, street, OF office bldg., etc.) <u>none</u>	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY <u>none</u> m.	INJURY OCCURRED While at Work <input type="checkbox"/> Not While at Work <input checked="" type="checkbox"/>	HOW DID INJURY OCCUR? <u>none</u>
22. I hereby certify that I attended the deceased from <u>5/26</u> , 19 <u>51</u> , to <u>5/28</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>5/26</u> , 19 <u>51</u> , and that death occurred at <u>8 A.</u> m., from the causes and on the date stated above.		
SIGNATURE <u>[Signature]</u> (Degree or title)		DATE SIGNED <u>5/28/51</u>
23. BURIAL, CREMATION REMOVAL (Specify) <u>BURIAL</u>		DATE <u>5-31-51</u>
NAME OF CEMETERY OR CREMATORY <u>ST. MICHAELS</u>		LOCATION (City, town, or county) (State) <u>RIDGE Md.</u>
DATE REC'D BY LOCAL REG. <u>5/29/51</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>
24. FUNERAL DIRECTOR <u>P.B. Robinson, Leonardtown</u>		ADDRESS <u>Md.</u>

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 4 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05156

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH- COUNTY <u>St. Mary's</u> CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Leonardtown</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS		MARYLAND LENGTH OF STAY (in this place) <u>Life</u>		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>St. Mary's</u> CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Leonardtown</u> STREET ADDRESS (If rural, give location) <u>R.F.D. #1</u>	
3. NAME OF DECEASED (Type or Print) (First) <u>William</u> (Middle) <u>I.</u> (Last) <u>Smith</u>		4. DATE OF DEATH (Month) <u>May</u> (Day) <u>10</u> (Year) <u>1951</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Feb. 3-1872</u>	9. AGE last birthday <u>79</u> yrs. <u>3</u> Months <u>7</u> Days	10. UNDER 1 year If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Gen. Farm</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Maryland St. Mary's</u>	
13. FATHER'S NAME <u>Henry Smith</u>		14. MOTHER'S MAIDEN NAME <u>Georgiana Powne</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY No. <u>-</u>		17. INFORMANT AND ADDRESS <u>Ma Bayki</u>	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

Bronchial Pneumonia

INTERVAL BETWEEN ONSET AND DEATH

48 hrs

Antecedent cause(s)

(b)

Congestive heart failure1 month

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

Auricular fibrillation1 year

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT (Specify)		PLACE (Home, farm, factory, street, office bldg., etc.)		(CITY OR TOWN)		(COUNTY)		(STATE)	
SUICIDE		INJURY							
HOMICIDE									
TIME (Month) (Day) (Year) (Hour)		INJURY OCCURRED		HOW DID INJURY OCCUR?					
OF INJURY		While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>							

22. I hereby certify that I attended the deceased from May 3, 1951, to May 10, 1951, that I last saw the deceasedalive on May 9, 1951, and that death occurred at 8:50 p.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county)		(State)	
<u>Burial</u>		<u>May 14-1951</u>		<u>Our Lady's Chapel Leonardtown</u>		<u>St. Mary's Md</u>		<u>5/12/51</u>	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS			
<u>May 14-51</u>		<u>F. A. Camacho M.D.</u>		<u>Joe C. Mattingley</u>		<u>100105</u>		<u>Leonardtown Md</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A13

RECEIVED
MAY 16 1951
BUREAU A. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05157

Reg. Dist. No.

1. PLACE OF DEATH- COUNTY <u>St. Mary's</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>St. Mary's</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>RURAL Patuxent River</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Naval Air Station</u> STREET ADDRESS (If rural, give location) <u>9403 M.O.R.</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS			
3. NAME OF DECEASED (Type or Print) <u>David Lee THOMPSON</u>		4. DATE OF DEATH (Month) <u>May</u> (Day) <u>9</u> (Year) <u>19 51</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Cauc</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>12-23-19</u>
9. AGE last birthday <u>31</u> yrs. <u>4</u> Months <u>16</u> Days		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Pilot</u>	
11. BIRTHPLACE (State or foreign country) <u>West Virginia</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>1942-51</u>		16. SOCIAL SECURITY No. <u>U.S. Navy Records</u>	
17. INFORMANT AND ADDRESS <u>U.S. Navy Records</u>			
18. MEDICAL CERTIFICATION			
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <u>Injuries, Multiple, Extreme</u>			<u>Immediate</u>
Antecedent cause(s) (b) <u>Burns, Third degree</u>			
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21. ACCIDENT (Specify) SUICIDE HOMICIDE <u>Accident</u>		PLACE (Home, farm, factory, street, OF office bldg., etc.) <u>INJURY</u>	
TIME (Month) (Day) (Year) (Hour) OF INJURY <u>May 9, 1951 9:24 am</u>		INJURY OCCURRED While at Work <input checked="" type="checkbox"/> Not While At work <input type="checkbox"/>	
HOW DID INJURY OCCUR? <u>Aircraft crash</u>		(CITY OR TOWN) <u>Patuxent</u> (COUNTY) <u>St. Mary's</u> (STATE) <u>Maryland</u>	
22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at <u>9:24</u> Am., from the causes and on the date stated above.			
SIGNATURE <u>Thenton D. BOAZ</u>		ADDRESS <u>CAPT MC USN Naval Air Station Maryland</u>	
DATE SIGNED <u>10 May 1951</u>			
23. BURIAL, CREMATION REMOVAL (Specify) <u>cremation</u>		DATE THEREOF <u>5/13/51</u>	
NAME OF CEMETERY OR CREMATORY <u>Washington, D.C.</u>		LOCATION (City, town, or county) (State) <u>Washington, D.C.</u>	
24. FUNERAL DIRECTOR <u>Camalier</u>		ADDRESS <u>Seems to be in Md.</u>	
DATE REC'D BY LOCAL REG. <u>5/13/51</u>			

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

673416

RECEIVED
MAY 17 1961
BUREAU A. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05158

Reg. Dist. No. 282

1. PLACE OF DEATH COUNTY <i>St. Marys Co</i> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <i>md.</i> COUNTY <i>St. Marys</i>	
CITY (If outside corporate limits, write RURAL and give nearest town) <i>Chaptico</i>		CITY (If outside corporate limits, write RURAL and give nearest town) <i>Chaptico</i>	
TOWN		TOWN	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (First) <i>Agnes</i> (Middle) <i>Mabel</i> (Last) <i>Welch</i>		4. DATE OF DEATH (Month) <i>May</i> (Day) <i>4</i> (Year) <i>1957</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH <i>August 1977</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday <i>73</i> yrs. If under 1 year: Months <i>8</i> Days <i>8</i> Hours <i>1</i> Min.
11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>US</i>	
13. FATHER'S NAME <i>Thomas C. Edwards</i>		14. MOTHER'S MAIDEN NAME <i>Mary Frances Lloyd</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY No.	
(If war, give war or dates of service)		17. INFORMANT <i>Rose E. Welch</i>	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

Respiratory failure

INTERVAL BETWEEN ONSET AND DEATH

2 week

Antecedent cause(s)

(b)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

*Carcinoma of stomach**1 yr*

(c)

*Metastatic lesions of lung**6 mo*II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from *March 12, 1957*, to *May 4, 1957*, that I last saw the deceased alive on *May 3, 1957*, and that death occurred at *4:15 P.M.*, from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	

RECEIVED
MAY 8 1951
BUREAU V. S.